

Unannounced Care Inspection Report 30 May 2019



The Valley Centre

Type of Service: Day Care Service

**Address: Cedar Villa, Gransha Park, Clooney Road, Derry,
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Tel No: 028 71865299

Inspector: Ruth Greer

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It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a Day Care Setting with 25 places that provides care and day time activities for people with learning difficulties. The centre is one of a number of centres run by the WHSCT in the learning disability programme of care.

3.0 Service details

Organisation/Registered Provider: WHSCT Responsible Individual(s): Ann Kilgallen	Registered Manager: Jonathan Kennedy acting manager
Person in charge at the time of inspection: Jonathan Kennedy	Date manager registered: Jonathan Kelly – application not yet submitted
Number of registered places: 25	

4.0 Inspection summary

An unannounced inspection took place on 30 May 2019 from 09.10 to 15.15.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012. The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

As a public-sector body, RQIA have a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of day care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with the centre.

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the level of involvement of the service users in the planning and delivery of care, staff training and care records.

No areas requiring improvement were identified at this inspection.

Service users' comments:

- "I like everybody here; the staff are good and help me".
- "I like the working on the computer".

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Jonathan Kennedy, manager and Thomas Burke, senior day care worker as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent type e.g. care inspection dated

No further actions were required to be taken following the most recent inspection on 24 April 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, notifications of accidents/incidents and any correspondence received at RQIA since the previous inspection.

During the inspection the inspector met with ten service users, eight staff and one visiting professional.

The following records were examined during the inspection:

- The Statement of Purpose
- The Service Users' Guide
- Minutes of one service users' meeting in April 2019
- Minutes of staff meetings in February and April 2019
- Monitoring reports for the previous three months
- Activity programme
- Staff supervision programme
- Record of complaints
- Record of accident and incidents
- Service user care files (four).

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 30 April 2018

The most recent inspection of the establishment was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 30 April 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 26(4)(d)(v) Stated: First	The registered person shall make adequate arrangements for testing fire equipment, at suitable intervals.	Met
	Action taken as confirmed during the inspection: The estates department of the Trust manage the fire system testing programme. A record is maintained in the centre.	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 5.2 Stated: Second	The registered person shall review and further develop care plans for service users in order to create more outcome focussed and achievable objectives. Ref: 6.5	Met
	Action taken as confirmed during the inspection: The care files examined showed that work had been undertaken in regard to the development and improvement of measurable and focussed objectives.	

Area for improvement 2 Ref: Standard 6.1 Stated: First	Each service user's records should include a written agreement, which sets out the information specified in Minimum Standard 3.1. Ref: 6.5	Met
	Action taken as confirmed during the inspection: Agreements setting out objectives were in place within the care files examined and these had been signed by the service user and/or their representative.	

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Valley Day Centre premises were well maintained and in good decorative order, with no obvious hazards for service users or staff noted on the day of the inspection.

The manager is supported by a senior day care worker, day care workers, care assistants and ancillary staff. On the day a senior day care worker facilitated the inspection. The manager was present at the beginning of the inspection and for feedback.

On the day of inspection the staffing arrangements were found to be satisfactory and sufficient to meet the needs of service users. Duty records examined contained details of the number of staff on duty, hours worked, and information of the specific care duties allocated to staff. Discussion with the manager, staff and service users confirmed that staffing levels were appropriate to meet the assessed needs of service users.

Effective arrangements are in place to support staff and include structured induction, training, supervision and appraisals. The manager stated that any new staff would receive a structured induction to ensure they are familiar with service users' needs along with the settings routines and procedures. Staff recruitment records were not inspected on this occasion.

A review of the staff training records found that all staff had up to date mandatory training and had accessed additional training and development relevant to the needs of service users. Mandatory training is audited regularly by the Trust, most recently on 14 May 2019.

The day care setting had arrangements in place to identify, manage and where possible eliminate unnecessary risks. There was evidence that comprehensive risk assessments and safety management plans were completed inclusive of service users and when appropriate their representatives. Risk assessments were personalised and included information specific to each person and their needs. The records examined provided evidence that the day care setting had attained a balance between promoting autonomy and maintaining safety.

A range of health and safety risk assessments were in place and included fire risk assessments, fire safety training and fire drills. All staff had received up-to-date safeguarding and health and safety training appropriate to their role and were aware of how to identify and report concerns. Staff interviewed confirmed that they would have the confidence to report poor practice if they saw it. They felt all their colleagues would do the same and that no one in the centre would tolerate any form of poor practice.

The service undertook regular health and safety checks that ensured a safe environment was maintained. A fire risk assessment dated 7 February 2019 was in place. Recommendations made as a result of the fire assessment had been dated for completion by 31 July 2019 and 31 January 2010. The manager confirmed that work was underway to action the recommendations within the timescales. Fire training had taken place in April 2019.

Arrangements had been implemented in regard to the recording and reporting of accidents and incidents. Notifications of such events were submitted to RQIA as required. A review of the records confirmed that all accidents and incidents reportable and those not required to be reported had been managed in a timely and appropriate manner.

A review of policies confirmed there was a policy and procedure on restrictive practice in keeping with DOH Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberty Safeguards (DoLS).

The centre's Statement of Purpose and Service User Guide were reviewed and showed that the documents accurately reflected the elements set out in the regulations and standards.

Staff consulted were aware of the impact of human rights legislation within their work. They gave examples of promoting and maintaining the rights of service users in the care they provide. For example in how they empower service users to make decisions and choices. It was noted that care files contained an individual document which set out the fifteen basic human rights in an easy read form. Also, each file contained a pro forma to record any person who accessed the file, the person's professional designation and the reason for them to access the file. This is commendable practice.

Discussion with service users and staff in regards to the provision of safe care included the following comments:

Service users' comments:

- "There's always staff around if you need to talk"
- "It's a good place to come, I really enjoy it."
- "I like it I meet my friends and sometimes we go out shopping"
- "There's always plenty to do I like the photography".

Staff comments:

- "All the people who attend here have exactly the same rights to enjoy everything on offer here"
- "The best way to know what people want is just ask them don't think we know best"
- " We like to support service users with activities outside the centre where possible".

Arrangements were in place to ensure service user care records and staff personnel records were stored securely in line with the requirements of GDPR.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the centre's environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The centre's Statement of Purpose and Service User Guide were reviewed and revealed that the documents accurately reflected the elements set out in the regulations and standards. It was good to note that the Statement of Purpose contained reference to the commitment to promote the human rights of service users.

When a new referral is made to the setting, potential service users are assessed to ensure the centre can meet their identified needs. The potential service user and /or their representative undertake several visits to the centre and are provided with a service user's guide. The guide provides information of the service user's right to full involvement in all aspects of their care. The guide includes information on how service users can raise a concern or complaint if necessary, regarding the quality of care. It was evident from records viewed and staff discussion that the centre organised and delivered services to meet individual needs and took account of individual preferences. The accommodation provided in the centre was appropriate to meet the needs of the people attending.

Four care files were chosen, at random, for examination. The care files included referral information, service user agreement, contact information and personal outcomes. A range of assessments were carried out and were specific to each individual's needs. For example, moving and handling, falls risk, swallowing and choking and transport. The assessments provided information to staff that assisted them to minimise risks and to keep service users safe. The files contained an additional assessment pro forma on "How I communicate". This sets out the individual needs and preferences of the service user and the best method for staff in communicating with them. Each care plan was underpinned by the rights of service users and methods for improving outcomes. The minutes of a service user meeting showed that service users were consulted regarding the content and lay out of the care files. "Please tell us your views on how your care file is laid out. How can we improve this?" Care planning documentation contained regular progress notes. Also evident within the records was the view of the service users themselves as to how they viewed the effectiveness of the care they received.

Records of annual care reviews for each service user demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. A written record of the review was contained in each file.

This included the views of the service user and/or their representative and was informed by the written progress notes. It was noted that the comments made by service users during their annual reviews were all very positive. Records examined were signed and dated and there was evidence that a regular audit of the documentation was undertaken.

During discussions with staff it was evident the care they provided to service users within the setting was effective. Staff were knowledgeable regarding service users' needs and care plans; they described how intervention with each service user was person centred depending on their individual needs. To ensure continuity of care staff checked daily to ascertain if there were any changes or updates of which they needed to be aware.

The interactions observed between staff and service users throughout the inspection confirmed that staff were suitably skilled and effective in communicating with all service users. There was good evidence of person centred interventions that assured service users were involved and consulted about their care.

Discussion with staff and service users with regards to the provision of effective care included the following comments:

Service Users comments:

- "I'm happy with everything here."
- "He's a really good guy" (indicating the senior day care worker)
- "I enjoy the photography we've photographed birds and squirrels but no hedgehogs yet".

Staff Comments:

- "This is a small "It's important to pick up on everything, not just on what service users say but sometimes if they're quiet or seem out of sorts. We know them all well so we notice things like that."
- centre and that means we get to know the service users really well".

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Discussions with service users and observations of care during the inspection showed service users were treated with dignity and respect while promoting and maintaining their independence. Service users were enabled and supported to engage and participate in meaningful activities, social activities and interests.

On the day of the inspection two tutors from a college of further education were taking classes in the centre. In the morning service users attended a session on communication. In the afternoon the tutor presented certificates to service users who had completed a course on photography. Observation of these activities showed that service users were encouraged to contribute, be comfortable and have fun. Staff were seen consulting with service users and seeking opportunities to involve service users and empower them to achieve their full potential. Restrictive practice was not used in the centre in respect of individual service users. The door into the centre was accessed via a key code. Service users had access to the code and were observed moving freely. Records showed that staff had had training on restrictive practice on 13 May 2019. There had been no incidents of safeguarding in the past year in the centre.

Observation on the day of the inspection showed a variety of activities were facilitated by staff and two outside professionals. Service users were seen approaching staff communicating their needs and making requests. Staff responses were noted to be cheerful, appropriate and non-patronising. Service users who engaged with the inspector spoke positively about the staff and said that they were treated well by them.

Consultation with service users and, where appropriate, their representatives, was evidenced in the records relating to assessment, care planning and review process. Results from a recent satisfaction questionnaire included a suggestion that some of the service users would like to go fishing. The inspector was shown fishing equipment which had just been purchased and was told of plans being made for a fishing trip.

Service users meetings occur on a monthly basis and minutes of the most recent showed that service users are regularly consulted about a range of issues. For example; activities, transport and staffing.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Jonathan Kennedy, manager and Myra Boyle, line manager participated at the beginning of the inspection and left to fulfil other commitments. The inspection was facilitated by Thomas Burke, senior day care worker. The manager re-joined the inspection for feedback.

The Statement of Purpose for the day care service was reviewed. The document clearly describes the nature and range of the service to be provided and addresses all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007. The registration certificate identified the name of the previous manager who moved from the centre at the beginning of May 2019. The line manager confirmed that the Trust was currently in discussion with RQIA to issue a new certificate containing up to date information regarding the new manager.

Discussion with the manager and staff confirmed they were aware of their roles, responsibilities and accountability under the day care legislation. A review of governance records evidenced that staff received individual, formal supervision at least quarterly and an annual appraisal. A matrix was maintained of individual staff supervision sessions. This showed that individual supervision sessions had taken place in January and May 2019.

Staff gave positive feedback in respect of leadership and good team working. Staff stated that this is achieved through effective communication, supervision and staff meetings. Staff stated that the management style in the centre was an open door approach and were confident that the new manager would continue in this manner.

A complaints and compliments record was maintained in the day centre. A review of this record showed that all concerns raised had been taken seriously, dealt with effectively and the complainant informed of the outcome. Compliments had been shared with staff.

The inspector discussed the monitoring arrangements in compliance with regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Monthly and annual quality monitoring reports were completed by the service and a number of recent reports of February, March and April 2019, were inspected and found to be satisfactory. On the day of the inspection an unannounced monitoring visit took place for May 2019.

These records demonstrated that at appropriate intervals the effectiveness and quality of care delivery was monitored, audited and reviewed in order to identify and act upon any improvements required. The reports were a mix of announced and unannounced visits. The monitoring arrangements identified improvements carried forward and progress was reviewed as part of each subsequent monthly monitoring visit.

The manager and staff advised there were a range of policies and procedures in place to guide and inform staff.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process.

The data is used effectively and with individual service user involvement when a person centred care plan is developed. Records showed that equality information included communication methods, adult safeguarding and risk assessments where a risk was identified.

Discussion with service users and staff evidenced that they felt the care provided was well led. They described the service as well planned and they confirmed they are asked to be involved in the monitoring visits.

The manager stated that all staff are required to be registered with the Northern Ireland social Care Council (NISCC) or other regulatory bodies as appropriate and a record of their registration details is held in the centre.

Discussion with staff revealed they felt well supported by the Trust and by the team in the centre. They stated that service users are central to the service and they need to ensure care and support was safe, effective and compassionate.

Review of the 2018/2019 annual report provided evidence that the contents complied with (Regulation 17 (1) & Schedule 3.

Areas of good practice:

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

No areas for improvement were identified during the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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